

2011-2012 ANNUAL REPORT

CARING. EXCELLENCE. STEWARDSHIP.

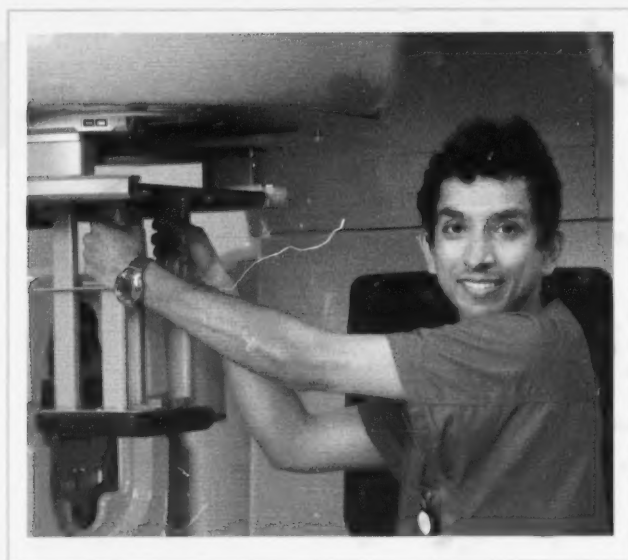
Health PEI

ONE ISLAND FUTURE



ONE ISLAND HEALTH SYSTEM





CONTENTS	1
CHAIR'S MESSAGE	2
INTERIM CEO'S MESSAGE	2
HEALTH PEI – WHO WE ARE	3
HEALTH PEI BOARD	4
A GLANCE AT THE PUBLIC WE SUPPORT AND SERVE	5
HEALTH PEI'S STRATEGIC DIRECTION	6
PROGRESS ON STRATEGIC AREAS OF CHANGE	7
COMMUNITY PARTNERS	10
FINANCIAL HIGHLIGHTS	11
HEALTH PEI BY THE NUMBERS	12
REFERENCES/NOTES	14
APPENDICES	15
Key Performance Indicator Report	
Audited Financial Statements	



CHAIR'S MESSAGE

On behalf of the Board of Directors and the staff of Health PEI, it is with great pleasure that I present you with the second Annual Report for Health PEI. The 2011-12 year has been a tremendous time of learning, growth and accomplishment as we continued

to make progress toward our vision of "One Island Health System".

Today's health care organizations face many unique challenges and Health PEI is not immune. The rapid change in the current health care landscape is unprecedented and we must find ways to operate efficiently. While we often hear about the fiscal pressures on health care, another pressing catalyst is the revolution in quality and safety. Many health care leaders believe it is time for the health care industry to ensure high standards of quality and safety are implemented in our business processes, resulting in high quality patient care and better outcomes.

I am proud of the Board's commitment to leadership and decision-making that respects quality and safety. Improvements in quality and safety is a primary function of every health care organization and Health PEI is beginning to establish a national profile for its leadership in this area; for example, as noted by the Canadian Patient Safety Institute, the Health PEI Board "Quality and Safety Walking Tours" are a leading practice in Canada.

The "PEI Health System Strategic Plan 2009-2012" laid the critical foundation to organize our priority activities and set out a positive direction for the province. Health PEI has done excellent work in implementing its plan and we are now realizing positive results. Looking forward, it will be important to connect with Islanders to identify future health care needs. From there, our focus will be on establishing best practices to address those health care needs using the highest standards of quality and safety, while focusing on sustainability for the future.

Respectfully Submitted,

Leo Steven
Chair, Health PEI Board



INTERIM CEO'S MESSAGE

It is with great pleasure that I present Health PEI's 2011-12 Annual Report.

As the interim CEO for Health PEI, I would like to thank our staff, physicians and volunteers for the outstanding work they do to support and serve the health care needs of Islanders. I

am continually impressed with their commitment to providing excellent patient care and improving the health of Islanders.

The journey we embarked on in 2009 (as set out in the "PEI Health System Strategic Plan 2009-2012") continued during 2011-12. The previous two years concentrated on building the infrastructure necessary to support the required health system changes; this past year was focused on consolidation and integration of key strategic changes. Highlights include: improving access to primary care and home care through continued program expansion and development, establishing a Same Day Treatment Unit at QEH so that patients requiring this service do not have to stay in hospital overnight and further implementation of the electronic health record contributing to improved availability of critical patient information and improving the quality of care providers deliver. These examples provide only a fraction of the activities, efforts and accomplishments achieved by staff and physicians during 2011-12.

Like all health care organizations across Canada, Health PEI also faced its share of challenges. Balancing fiscal pressures with the need to redesign an entire system to better meet the diverse health care needs of the population is no easy task. There are no short-term solutions; however, we believe we are on the right path. Other jurisdictions are looking at the work we are doing to meet these challenges. At our last annual general meeting Dr. Jeff Turnbull, a nationally recognized health care leader stated, "You should be very proud of your health care system. I think this can easily be the best health care system in Canada. We are all looking to your experiment - we truly believe this is the direction we should all be on." As a small jurisdiction, we are uniquely positioned to introduce creative solutions. With continued hard work and dedication to our mission, values, vision and goals we will have the opportunity to create a sustainable, quality system for all Islanders.

Respectfully submitted,

Dr. Richard Wedge
Interim CEO, Health PEI

HEALTH PEI – WHO WE ARE

Mandate

Health PEI, formed in 2010, is a Crown Corporation responsible for the operation and delivery of publicly funded health services for Islanders. Health PEI is governed by a Board of Directors that ensures approved programs are delivered in accordance with the direction from the Minister of Health and Wellness. Further details on the roles, responsibilities and activities of the Board are outlined on page 4.

Organizational Structure

Health PEI's organizational structure, illustrated below, is arranged into divisions that cover essential frontline services and system supports. Frontline services for health care cover a broad spectrum including: acute (hospital), primary care, mental health and addictions, public health, long-term care, home care and palliative care. The majority of Health PEI's personnel and resources are concentrated in these areas and their primary responsibility is the provision of direct patient care services. System supports provide immediate support to the frontline services and are responsible for a wide variety of activities such as further system integration, provincial standardization, analysis, audit and planning.

For more information, visit our website: www.healthpei.ca

Frontline Services

Examples of frontline services include:

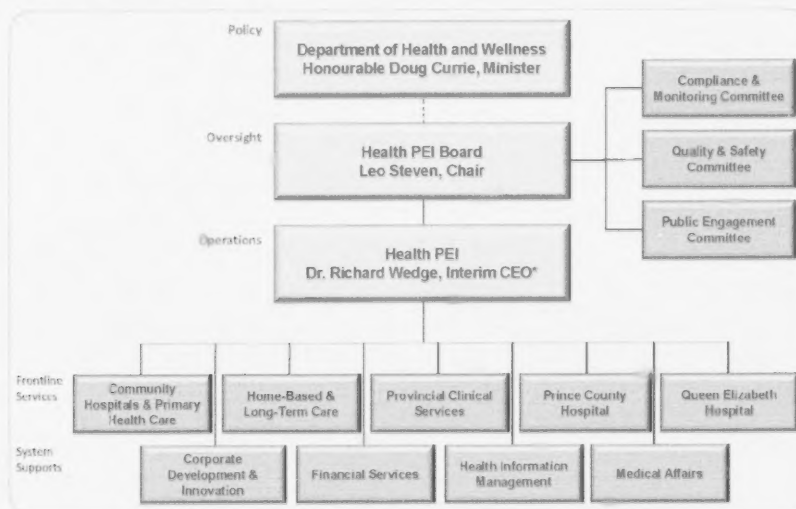
- Diabetes Programs
- Cancer Screening
- Hospital Services
- Public Health
- Family Health Centres
- Primary Health Care
- Mental Health & Addictions
- Diagnostic Imaging & Lab Services
- Pharmacy & Pharmacare Program
- Home Care & Support
- Long-Term Care Homes & Manors
- Emergency Services

System Supports

Examples of system supports include:

- Human Resources
- Support for Medical Staff (GPs, Specialists)
- Medicare
- Patient Safety
- Project Management, Planning & Evaluation
- Health Information
- Financial Planning
- Quality & Risk
- French Language Services
- Clinical & Research Ethics
- Privacy & Access to Information
- Out-of-Province Liaison (for patients accessing services out-of-province)
- Analysis & Audit
- Communications

PEI Health System Organizational Structure



* Effective October 20, 2012

2011-12 Board Membership

Officers:

Leo Steven, Chair
Gordon MacKay, Vice-Chair

Members:

Dr. Marvin Clark, MD
Kenneth Ezeard, CA
Phyllis Horne
Amie Swallow MacDonald
Geraldine MacKendrick
Denis Marantz
Donna Murnaghan, PhD
James T. Revell, LLB
Dr. Kinsey Smith, MD

Board Committees:

- Quality and Safety Committee
- Compliance and Monitoring Committee
- Public Engagement Committee

HEALTH PEI BOARD

Health PEI is governed by a Board of Directors. The Board of Health PEI is a competency based board; members are appointed by the Minister of Health and Wellness.

Board Role and Responsibilities

The role of the Board is to direct, control and manage the affairs of Health PEI. Principle responsibilities include:

- Employing the Chief Executive Officer (CEO)
- Setting the strategic direction of Health PEI, in line with the priorities of government
- Establishing policies which specify executive/organizational expectations, governance processes and board-management delegation
- Monitoring executive/ organizational performance in relation to achievement of the strategic direction and compliance with Board policies
- Monitoring the budget and ensuring required financial and other reporting requirements are met
- Monitoring the principle risks of the organization and the policies in place to manage those risks
- Monitoring organizational quality and safety processes
- Approval of medical staff by laws and execution of Board related duties outlined therein
- Providing a framework for public and stakeholder engagement
- Providing to the Minister, plans and reports to comply with policy and accountability requirements
- Organizing committees, activities and general processes through which to conduct its business

Board Highlights

The Board of Health PEI meets as a whole on a monthly basis, at locations throughout the province. The Board uses a number of committees and task groups to conduct some of its work. Outlined below are some highlights from our standing committees:

Quality and Safety Committee

- Quality and Safety Walking Tours were conducted at Wedgewood Manor, Queen Elizabeth Hospital, East Prince Home Care and Kings County Memorial Hospital.
- Launch of the Health PEI "Leadership Excellence in Quality and Safety Award".

Compliance and Monitoring Committee

- Annual appointment of the Auditor.
- Regular receipt and monitoring of organizational reports and updates on annual budget forecasts, capital budget, financial performance and key performance indicators.
- Annual Board policy assessment and self-assessment.

Public Engagement Committee

- Organized first annual general meeting of Health PEI, November 15th, 2011.
- Developed policies and processes to facilitate the publication of Board meeting minutes and public presentations to the Board.
- Linked with a large number of groups and organizations for information exchange and learning, including: business associations, community groups and organizations focused on various aspects of population health and chronic disease.

To learn more about the work of our Board, please visit www.healthpei.ca/board

A GLANCE AT THE PUBLIC WE SUPPORT AND SERVE

To support and serve the health needs of the Island population, it is critical to monitor demographic and health trends to ensure the alignment of services with needs for continued long term planning. Similar to other Canadian jurisdictions, there are two trends that have major impacts on PEI's health care resources and delivery: a progressively aging population and an increased prevalence of chronic conditions (in particular, multiple chronic conditions).

The percentage of PEI's population aged 65 and over is continuing to grow. In 1990, this age group accounted for 13% of PEI's population and today, it is estimated to be 16.4%. By 2020, this group is projected to reach 21% of the Island's population.¹ To address the increase in demand for services typically required by this group, Home Care services piloted a one year Enhanced Home Care for Frail Seniors Program. The program provides additional hours of home care to support frail seniors so they can return home from the hospital sooner and remain at home longer. Positive outcomes from this initiative include: more seniors able to stay at home longer, more appropriate client referrals from improved collaboration at the QLIH and lower cost of delivering service relative to acute care and long term care settings. Other strategies to address the health requirements of this group include assessing the need for additional long-term care beds throughout the Island and the development of a palliative care program.

Island Population²:

- Estimated 2012 PEI Population: 146,105
- 48.8% Male and 51.2% Female
- PEI's population increased at the same rate as Canada's (4.7%) between 2008 and 2012
- Population aged 65 and over: 16.4% of PEI's population; 14.9% of Canada's population (2012)
- By 2020, PEI's population aged 65 and over is expected to account for 21.0% of the Island population compared to 18.0% for Canada
- In 2011, the number of new immigrants to Canada settled in PEI: 2,631
- Average number of births per year: 1,427; average number of deaths per year: 1,304 (average 2008-2011)

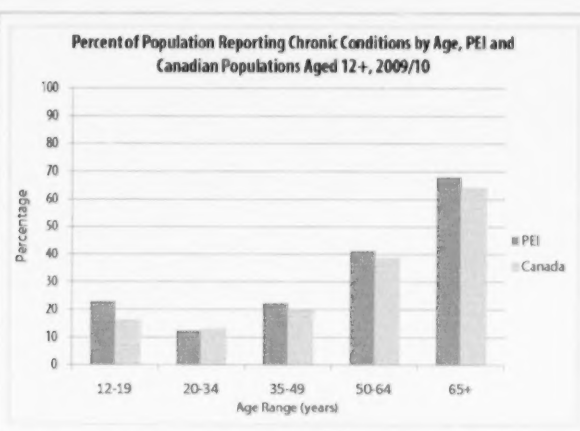


Table 1. Prevalence of chronic conditions in PEI and Canada.³

Chronic conditions typically develop over a long period of time; have a long duration and in most cases, have no cure which is why appropriate management of these conditions is vital to one's health. PEI rates for common chronic conditions such as high blood pressure, arthritis, diabetes and obesity are higher than the national average; often ranking within the top four provinces and territories² (Table 1). These conditions not only impact an individual's health and well-being but they also represent a significant economic burden on the health system.

In response, Health PEI adopted an integrated chronic disease prevention and management strategy. The strategy includes the provision of targeted community based programs and services, such as education programs. Specific areas of focus for Health PEI include: hypertension, diabetes, cancer and chronic obstructive pulmonary disease (COPD).

For more information, visit our website: www.healthpei.ca

A Glance at the Health Status of Islanders²:

- More Islanders are likely to self-report as overweight or obese compared to the Canadian average
- In comparison to other reporting provinces/territories PEI has:
 - Highest self-reported rate of diabetes
 - 2nd highest self-reported rate of asthma
 - 4th highest self-reported rate of high blood pressure
 - 4th highest self-reported rate of smoking
 - 2nd highest incidence of hospitalized heart attack events (age standardized, per 100,000)
 - 5th highest incidence of hospitalized stroke events (age standardized, per 100,000)
 - 4th highest incidence of all cancers (rate of new primary sites of cancer per 100,000 population)

HEALTH PEI'S STRATEGIC DIRECTION

Health PEI's strategic direction is outlined in our vision, values and goals (Figure 1). This is the critical foundation for all Health PEI activities, including accountability, planning activities and daily operations.

In health care organizations, regular performance measurement is crucial to ensure continued performance improvements and improved patient outcomes. Health PEI's strategic goals and objectives are monitored and assessed through a complex performance matrix, which integrates the review of strategic, operational, quality, risk, program and financial indicators throughout the fiscal year. Key components of the review include: biannual review of Health PEI's Key Performance Indicators (KPIs), monthly review of the Strategic Initiative Dashboard, quarterly review of the Quality and Risk Report and quarterly review of the Financial Report. Depending on the content, accountability for these reviews rests with the Health PEI Board (and/or one of its subcommittees), the Executive Leadership Team, or the Quality and Safety Council (or a combination thereof).

The KPI report is a selection of key indicators meant to represent overall system performance and also Health PEI's strategic direction (refer to Appendix A, page 16). It is a living document and as such, is refined overtime to ensure continued relevance and alignment with national reporting standards. The current report, developed in 2009, aligns selected indicators with a strategic goal and its corresponding objective. Where possible, a national benchmark is used to compare Health PEI with other jurisdictions. In most cases, the baseline data are 2008-09 results. Targets for each of the indicators are available for each fiscal year up to 2012-13.

The 2011-12 results for the KPI report indicate that Health PEI is continuing to make progress at a system level to meet our goals and objectives. Aside from the financial indicators* in the 2011-12 KPI report, of the 16 available results, 50% either met or exceeded the target. These included: patient safety, patient/client/resident satisfaction with acute care services, hospital standardized mortality ratio, unplanned readmissions, wait times for CT Scans and Radiation Therapy and human resource indicators, such as staff satisfaction and sick days. Furthermore, another three indicators (% unplanned readmissions within 7

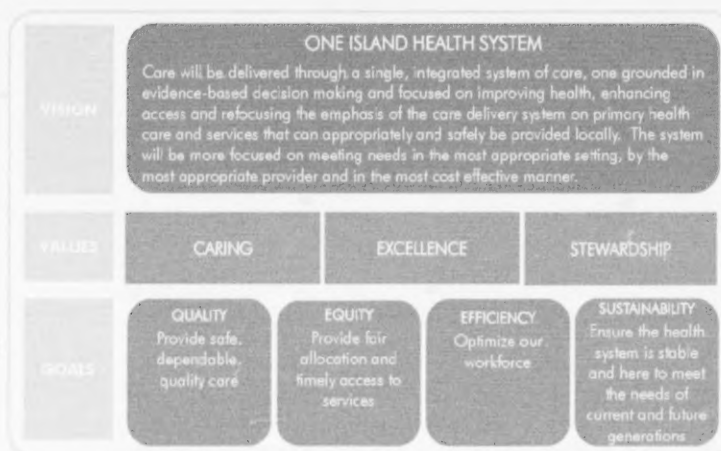


Figure 1. Health PEI's Vision, Values and Goals

days to same acute care facility, wait times for MRI (Magnetic Resonance Imaging), overtime days per FTE) are trending in the right direction. For example, the proportion of patients who received MRIs within the allotted time frame increased by 15% (to 82%) from the previous fiscal year (67%). In other words, while the target of 90% was not attained, there was considerable improvement from the previous two fiscal years.

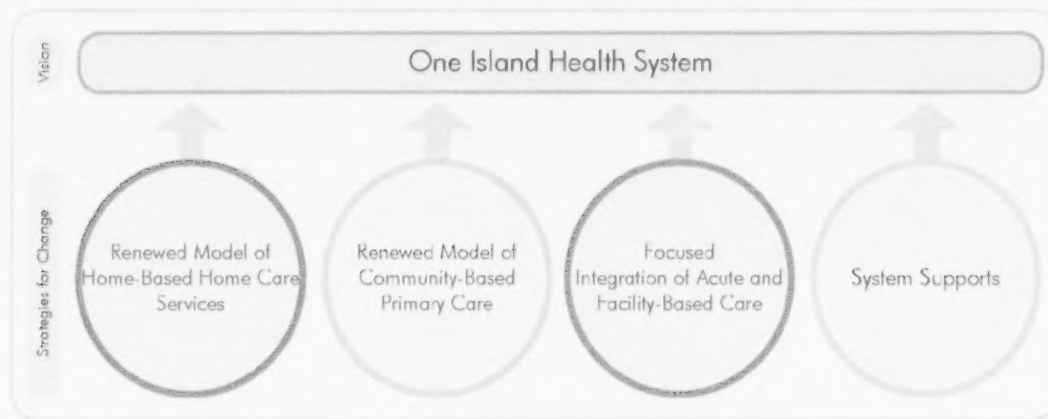
Indicators that did not meet the 2011-12 targets include, wait times for hip and knee replacements and cataract surgery, acute average length of stay and hours per patient day. In some cases, results are expected to improve over the coming year as the implementation of current initiatives continue. For example, the redevelopment of day surgery is expected to reduce wait times for cataract surgeries since there will be additional capacity to perform them. In addition, a value stream mapping exercise is underway which identifies projects requiring process improvement. These projects will begin over the next six months and are aimed at reducing length of stay. In certain cases, for example orthopedic surgery, a more complex system-wide solution may be necessary to achieve targets since demand for beds has exceeded supply.

Overall, these results show that strategic initiatives adopted by Health PEI are yielding positive results. While on-going work is required to maintain these gains, particular focus will be required on system approaches to ensure timely access to some key services.

The following pages highlight some of the accomplishments and progress that Health PEI has made in realizing its vision. They also demonstrate the commitment and ongoing efforts by staff and physicians to ensure that we provide the care that is needed to those we serve.

* For further information refer to the Financial Highlights section on page 11.

PROGRESS ON STRATEGIC AREAS OF CHANGE



2011-12 In Brief

Renewed Model of Home-Based Home Care Services

- A Falls Risk Management Program for home care patients living in the community was piloted by Kings Home Care with positive results. This program screens all new clients, over 65 years of age, to identify risks and recommend actions that may reduce the risk of falls in the home.
- The Enhanced Home Care for Frail Seniors Program is a partnership between the Queen Elizabeth Hospital (QEH) and Queens Home Care. The program provides additional hours of home care to support frail seniors so they can return home from the hospital sooner and remain at home longer.
- An Integrated Palliative Care Program (IPCP) – Acute Care Quality Improvement Pilot project was launched in January 2012. The pilot identified patients within acute care who could benefit from a referral to the IPCP. The patients are seen within 24 hours (Monday to Friday) and receive a standardized palliative care assessment completed by Provincial Palliative Care Resource Nurses and other members of the Provincial Palliative Care Team (as required). Provincial Palliative Care Resource Nurses provide patients with daily follow up and support.
- Construction of the new Colville (Souris) and Maplewood (Alberton) manors was completed and residents moved in November 2011. The modern

design is based on person-centered principles to improve the quality of life for residents.

- Construction began on the expansion of Margaret Stewart Ellis Home (O'Leary). Construction is also underway on the new Summerset Manor (Summerside) and the Prince Edward Home (Charlottetown).

Renewed Model of Community-Based Primary Care

- Primary Care Networks conducted a community survey to identify the needs within each of the five Networks. More than 11,000 Islanders responded to the survey; results will be available in the fall of 2012.
- A three-year project for a Medical Education Coordinator to work with medical residents, medical students and PEI



New Colville Manor – Souris, PEI.



physicians was implemented in 2011 with funding from Health Canada's Policy Contribution Program. The main goals of this project are to ensure Health PEI recruits physician preceptors in rural areas and increases the number of rotations for medical students and residents in rural PEI.

- As part of the long-term strategy for chronic disease prevention and management, a COPD pilot project was undertaken at Harbourside Health Centre in 2011. As a result of its success, the project is currently being rolled out across the Province.
- Hypertension pilot projects have been initiated in Central Queens Health Centre in Hunter River and Eastern Kings Health Centre in Souris. These pilots are part of the long term strategy for chronic disease prevention and management. These projects will be evaluated and rolled out to the rest of the province in 2012-13.
- As part of the Responsible Gaming Strategy, the Problem Gambling helpline went live in May 2011.
- Mental Health and Addictions completed several quality improvement initiatives, all of which focused on streamlining the admission process. For example, the Community Mental Health referral process was streamlined to ensure referral information is complete and to reduce wait times for service.
- A collaborative partnership has been developed with PEI Partners for Community Safety for the purpose of building community capacity to work with youth who are using or at risk of using drugs and/or alcohol.
- The Provincial Diabetes Program was integrated into the Primary Care Networks, and early results indicate positive health outcomes. A diabetes database for PEI is also in development through a partnership with a Community Care Centre in London, Ontario.

- The PEI Colorectal Cancer Screening Program was launched province wide in April 2011 and since then it has served over 3,800 patients. The program is for Islanders 50-74 years of age who are at average risk for colorectal cancer.
- The Provincial Speech Language Pathology Program introduced a pilot project with three early childhood centers focused on using "Talk Box" materials to engage young children and promote speech language development. The program has also actively promoted speech language development during Speech and Hearing Month in May by rotating their information booth throughout the province.
- In 2011, Public Health Nursing implemented an improved developmental screening and assessment tool in Child Health Clinics during the 18 month and 4 year assessments. The Ages and Stages Questionnaire (ASQ) is a standardized, evidence-based screening tool that assists in identifying problems early and promoting healthy child development.

Focused Integration of Acute and Facility-Based Care

- The Phase II of the Organized Stroke Care Model is coordinated at a provincial level through Primary Care. The Provincial Ambulatory Stroke Rehabilitation Assessment Clinic and the District East and West Ambulatory Stroke Rehabilitation Services were established in November 2011. This includes, a provincial clinic and two district teams located within the QEH and Prince County Hospital (PCH). This service will support early discharge from the inpatient Acute Stroke Units and provide coordinated specialized post-stroke rehabilitation services for patients.
- The Same-Day Treatment Unit (STU) was established in July 2011. The QEH realigned the ambulatory care workload and patient volumes from various areas within the QEH; including the Emergency Department, PEI Cancer Treatment Centre and Inpatient Services. The STU was relocated to the new QEH Ambulatory Care Centre (ACC), in Spring 2012. In 2011-12, the unit averaged 400 patient visits per month. The STU is operational seven days a week.
- The QEH expanded its Hospitalist Service and created a hospitalist nursing unit (Unit 3) to provide inpatient care for patients who: 1) are without a family physician; 2) are referred to the QEH from out of the region; 3) are from out of province; and/or 4) have a family physician who does not admit to the QEH. The Hospitalist Service has expanded

from two (2) hospitalist lines to three (3) and there are early discussions with respect to adding a fourth (4) hospitalist line.

- The provincial rollout of a standardized point of care glucometer device, used for measuring blood sugar levels, began in the spring of 2011. The patient glucometer results are directly uploaded into the patient's provincial electronic medical health record. The device is now being utilized in all Island hospitals and several long term care facilities.
- Led through Primary Care, the Ottawa Model for Smoking Cessation (OMSC) was launched at the OEH and PCH in January 2012. The OMSC is an inpatient Smoking Cessation Program for patients who express a desire to quit smoking. The OMSC has been implemented in over 60 hospitals across Canada and is considered best practice in hospital-based smoking cessation.

System Supports

- Implementation of the Electronic Health Record continues. The electronic ordering by nursing and allied health of lab, diagnostic imaging and consult orders has been successfully completed. Work is currently underway to implement the electronic ordering of all medications and patient care orders, by the ordering clinician (primarily physicians).
- During 2011-12, the implementation of the Collaborative Model of Care (CMoC) Strategic Initiative continued across various sites and units in the province. For Islanders, CMoC is about receiving the right care, from the right provider, in the right place. For our health professionals, it's about ensuring a sustainable health care system that values them doing what they are skilled and educated to do, in the location where they are needed the most. As of January 2012, the model was implemented in 10 sites across the Island and benefits are being seen. For example, there has been fewer bed closures in hospitals during the staff summer vacation period; down from 75 beds in 2009 to 40 beds in 2011. Also, there are more frontline staff caring for patients, which is an increase of more than 78,400 patient care hours.
- In June 2011, the PEI French Language Health Services Network presented to Health PEI a series of recommendations from their report, "French Language Services in Long Term Care". Health PEI's Home-Based and Long-Term Care division has committed to implementing these recommendations, which include plans for the establishment of two French households for the new Summerset Manor, scheduled to open in January 2013. Funding was received from la Société Santé en Français via Health Canada. The PEI initiative is one of two case studies



*Primary
Care
Networks*

*Addictions
Treatment*



*Support
Programs*

*Manor
Replacement*



*Quality
&
Safety*

(Manitoba is the other site) being completed in Canada to improve access to services in French within long term care.

- A Provincial Safety Management System (PSMS), for recording and reporting incidents related to quality and safety, was implemented across Health PEI in 2011. The PSMS replaced the previous paper based system and standardized the incident reporting process province-wide.

To learn more about our strategic initiatives, visit us on the web:
www.healthpei.ca/strategicinitiatives

COMMUNITY PARTNERS

Over 1,300 community members across the Island volunteer within our seven hospitals and across our many community-based services. Volunteer activities include: hospital auxiliaries, local hospital volunteer committees, Meals on Wheels, Home Care, Long Term Care, student programs and Hospice. Auxiliary groups across the Island run local programs and fundraisers for their respective hospitals and communities. PEI's hospital auxiliaries include:

- Kings County Memorial Hospital Auxiliary
- Queen Elizabeth Hospital Auxiliary
- Prince County Hospital Auxiliary
- Stewart Memorial Hospital Auxiliary
- Western Hospital Healthcare Auxiliary
- O'Leary Community Hospital Ladies Auxiliary

Since its formation, Health PEI has established and maintained strong connections with provincial and national community organizations. Through these relationships, new program partnerships have been developed and skilled health resources shared.

Hospital Foundations

Continued commitment from PEI's hospital foundations over the years has been exemplary. PEI's hospital foundations include:

- Eastern Kings Health Foundation
- Kings County Memorial Hospital Foundation
- Queen Elizabeth Hospital Foundation
- Prince County Hospital Foundation



- Stewart Memorial Hospital Foundation
- Western Hospital Foundation
- O'Leary Community Health Foundation

As a result of the generous contributions to our hospital foundations, money was raised to purchase or upgrade medical equipment at various hospitals. Some of the new equipment purchased included: IV pumps and IV poles, a digital X-ray machine, a medication cart, ultrasound units, dialysis equipment, a lift for a century tub, physiotherapy equipment and a Steadymate Walker. An upgrade was also made to the cardiac monitoring system. As well, foundation funds were used for bursaries for professional groups, non-equipment resources for the hospitals and other purchases, such as interior decor for the new manors.

For more information about the foundations, visit:
www.healthpei.ca/hospitals



VOLUNTEERS

The Heart of
Our Island Community



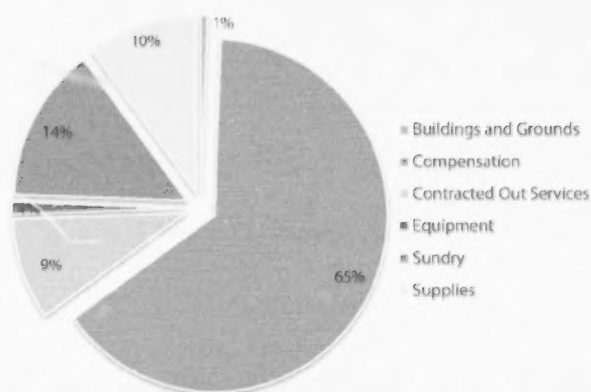
FINANCIAL HIGHLIGHTS

This section of the Annual Report highlights the organization's operations for the fiscal year ended March 31, 2012 (Table 2). This financial section should be read in conjunction with Health PEI's audited financial statements.

Expenses by Type

The expenses categories are as outlined in the Canadian Institute for Health Information's Standards Management Information Systems in Canadian Health Service Organizations.

- Buildings and Grounds – expenses directly associated with the buildings, their service equipment and the grounds.
- Compensation – salaries and benefits paid to staff, as well as fees paid to physicians.
- Contracted Out Services – cost of services performed on behalf of the health corporation by a third party provider comprised mainly of out of province hospital services, out of province medical services, air ambulance services and office space with support staff for salary and contract physicians.
- Equipment – expenses directly associated with maintaining major equipment and software and the purchase of minor equipment.
- Sundry – expense items that cannot readily be associated with one of the other expense categories which include such items as pharmacare programs, private nursing home resident subsidies, in-province ambulance services, training and education funds, telecommunication, insurance and postage.
- Supplies – consumable items required for the delivery of health services including medical/surgical supplies, drugs, blood products, food, fuel and electricity.

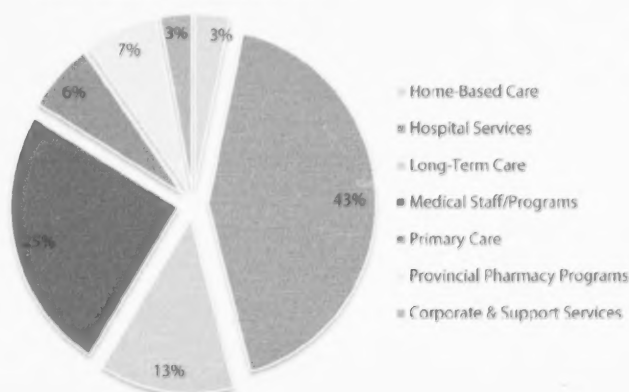


	Actual 2012 \$
Revenue	548,623,559
Operating	548,623,559
Results from operating activities	—
Amortization of tangible capital assets	14,412,366
Amortization of deferred capital contributions	(14,412,366)
Annual Deficit	—

Table 2. Statement of Revenues and Expenditures as of March 31, 2012.

Expenses by Sector

- Home-Based Care – expenses relating to the provision of home nursing care, home support services and dialysis services.
- Hospital Services – expenses relating to acute nursing care, ambulatory care, laboratory, diagnostic imaging, pharmacies, ambulance services and the clinical information system.
- Long-Term Care – expenses relating to the provision of long-term residential care.
- Medical Staff/Programs – expenses relating to services provided by physicians and programs for physicians including primary health care, acute medical care, specialty medical care, out of province hospital services and the medical residency program.
- Primary Care – expenses relating to the provision of primary health care by nursing and other health care providers including community primary health care, community mental health, addiction services, public health services and dental programs.
- Provincial Pharmacy Programs – expenses relating to the provision of pharmacare programs including Seniors Drug Cost Assistance program, Social Assistance Drug Cost Assistance Program and High Cost Drugs Program.
- Corporate & Support Services – expenses relating to the provision of centralized, corporate support services including strategic planning and evaluation, risk management, quality and safety, human resource management, financial planning and analysis, financial accounting and reporting, materials management and health information management.



HEALTH PEI BY THE NUMBERS

Employees⁶	2009/10	2010/11	2011/12
Nursing (NPs, RNs, LPNs, RCWs & PCWs)	1,425	1,469	1,535
Administration and Management	170	172	175
Lab Technicians	194	199	202
Secretarial/Clerical	240	253	261
Utility Worker/Service Worker	357	362	363
Other Health Professionals and Support Staff	891	924	969
Medical Staff⁷			
Family Physicians	117	115	117
Specialists	99	103	98
Residents	5	10	10
Hospital-Based Service Volumes Across Health PEI⁸			
Emergency Visits	108,465	102,366	100,631
Operative Cases (Acute Care)	3,882	3,705	3,824
Operative Cases (Day Surgery)	6,262	6,534	6,665
Inpatient Days	128,831	133,540	141,552
Admissions	15,928	15,544	15,738
Average Length of Stay (days)	8.1	8.5	8.7
Number of Diagnostic Imaging Exams	133,348	139,870	141,151
Number of Tests Processed by Laboratory Services ⁹	—	—	2,289,000
Hospital Based Mental Health Services - Inpatient Admissions ¹⁰	1,131	996	847
Long-Term Care¹¹			
Occupancy Rate	97.2%	98.4%	97.8%
Number of long-term care admissions	192	206	225
Number of long-term care beds (public facilities)	572	572	572
Number of long-term care public facilities	9	9	9
Average Length of Stay (years)	2.7	2.7	2.5
Home Care¹²			
Number of Admissions to Home Care	3,899	4,298	4,536
Number of Home Care Clients that are 75+ years old	2,305	2,608	2,719

HEALTH PEI BY THE NUMBERS (CONTINUED)

PEI Cancer Treatment Centre ¹³	2009/10	2010/11	2011/12
Radiation Therapies and Simulation Visits	8,045	8,866	8,824
Medical Visits ¹⁴	8,961	10,917	12,947
Radiation Consults and Follow-Ups ¹⁵	—	3,901	3,759
Medical Consults and Follow-Ups ¹⁶	—	6,676	5,934
Primary Care Statistics¹⁷			
Community Mental Health Provincial – Referrals	4,451	4,725	5,004
Community Mental Health – Crisis Response ¹⁸	872	1,061	1,040
Addiction Services – Total Admissions	3,177	3,022	3,150
Speech Language Pathology Program Referrals ¹⁹	—	586	335
Audiology Referrals ²⁰	381	788	438
Immunization Rate (2 years old fully immunized) ²¹	83%	83%	84%
Visits to Primary Care Health Centres	118,482	110,903	113,039
Primary Care Health Centres – # distinct clients	30,303	28,123	28,287
Provincial Diabetes Programs – # class attendees	844	926	889
Provincial Diabetes Programs – # of classes	104	129	177
Provincial Diabetes Programs – Total # of referrals (Pediatric Type 1 & 2; Adult Type 1 & 2; Gestational Diabetes) ²²	1,318	1,395	1,683
Public Health Dental Program – # of children who received dental treatment	7,292	7,496	6,872
Public Health Dental Program – # of children who participated in the school based prevention program	16,140	14,286	12,648
Breast Feeding Provincial Rates	70%	71%	68%



REFERENCES/NOTES

- 1 Department of Finance, Energy and Municipal Affairs, Economics, Statistics and Federal Fiscal Relations; Statistics Canada Population Projections.
- 2 Canadian Institute for Health Information (CIHI) Health Indicators, 2012.
- 3 Promote, Prevent, Protect – PEI Chief Health Officer's Report and Health Trends, 2012.
- 4 Department of Finance, Energy and Municipal Affairs, Economics, Statistics and Federal Fiscal Relations; Statistics Canada Population Projections.
- 5 Canadian Institute for Health Information (CIHI) Health Indicators, 2012.
- 6 Human Resources, Corporate Development and Innovation, Health PEI.
Note: Data shows number of FTEs. Physicians are no longer included in "Other Health Professional and Support Staff" but are included in Medical Staff numbers within this table.
- 7 Medical Affairs, Health PEI.
Note: Data is number of FTE who are currently employed as of March 31, 2012.
- 8 Health Information Management, Provincial Clinical Services, Health PEI, Clinical Information System, Cactus, and RIS/PACS.
- 9 Provincial Clinical Services, Provincial Laboratory Services.
Note: The method used to collect lab tests changes in 2011/12. Data for 2011/12 is not comparable to prior years data.
- 10 Health Information Management, Health PEI.
Note: Hospital based mental health services (inpatient admissions) represents the number of both children and adults with hospital based services of psychology.
- 11 Health Information Management, Health PEI and Long-Term Care Database.
- 12 Home-Based and Long-Term Care, Health PEI.
- 13 PEI Cancer Treatment Centre.
- 14 PEI Cancer Treatment Centre.
Note: Data includes all activities in chemo chairs, including chemo teaching.
- 15 PEI Cancer Treatment Centre.
Note: Data for 2010/11 and 2011/12 are not comparable to prior years data. Data includes Reviews starting in 2010/11.
- 16 PEI Cancer Treatment Center.
Note: Data for 2010/11 and 2011/12 are not comparable to prior years data. Commencing in 2010/11, data includes Medical or Radiation Oncology Associates and Nurse Practitioners who also see patients in CTC.
- 17 Health Information Management, Community Hospitals and Primary Health Care, Health PEI.
- 18 Health Information Management, Community Hospitals and Primary Health Care, Health PEI.
Note: Community Mental Health- Crisis Response data includes only Hospital CR visits.
- 19 Health Information Management, Community Hospitals and Primary Health Care, Health PEI.
Note: During 2009/10 and 2010/11 the data has been affected by the transition process of some Health PEI SLPs to Department of EECD. The data was influenced by the transfer of kindergarten referrals to the Department of EECD (2010/11).
- 20 Health Information Management, Community Hospitals and Primary Health Care, Health PEI.
Note: 2010/11 data has been influenced by the inclusion of newborn infant hearing screening
- 21 Health Information Management, Community Hospitals and Primary Health Care, Health PEI.
Note: The following may need to be taken into consideration:
 - Children that received new personal health number (PHN) during this time period and per provincial adoption process
 - Children that may have received a duplicate personal health number (PHN)
- 22 Health Information Management, Community Hospitals and Primary Health Care, Health PEI.
Note: The number of referrals only reflects referrals to the program within that fiscal year and does not reflect the active client count.

APPENDICES

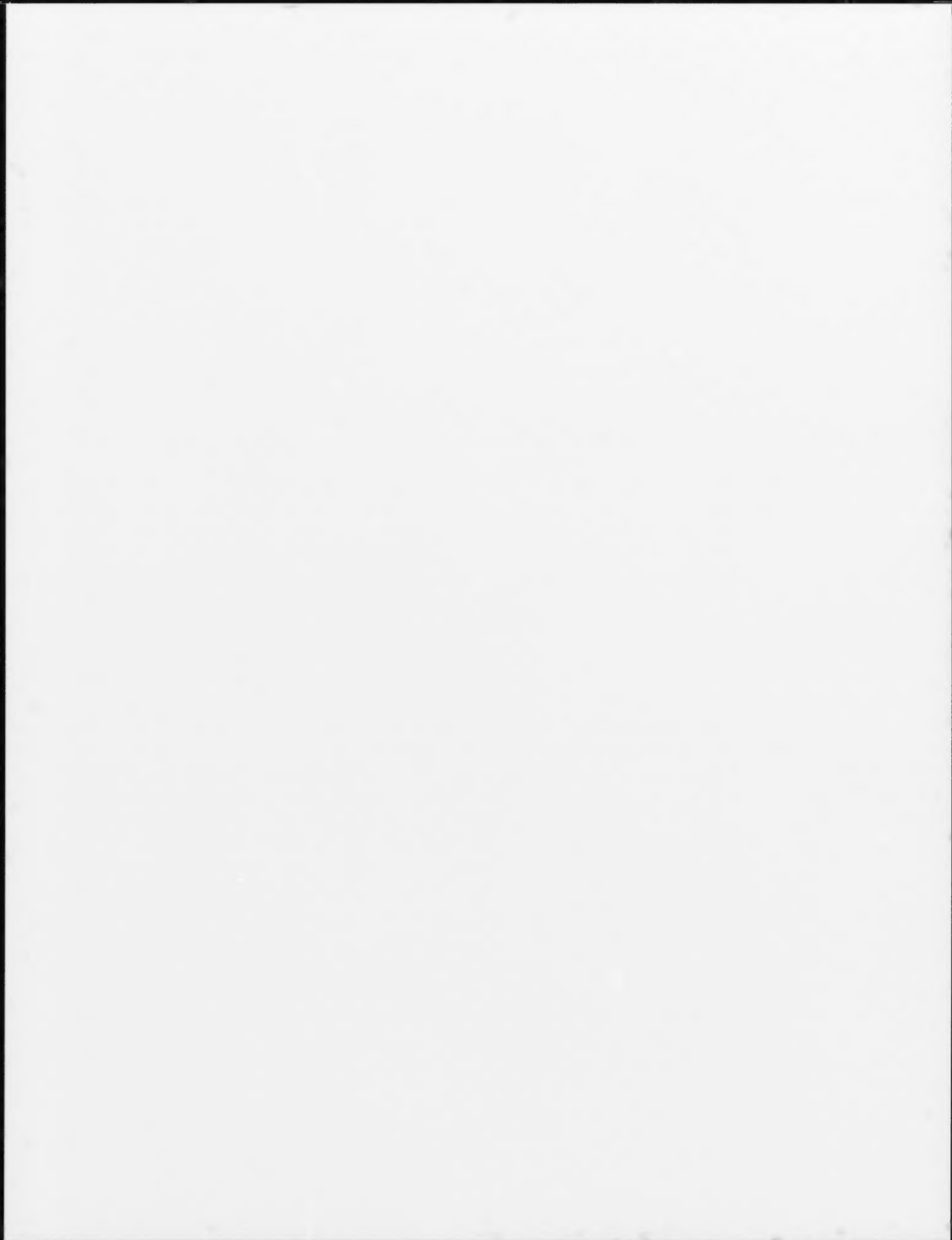
Appendix A – Key Performance Indicators

Goal	Objectives	Indicators	Benchmarks	Baseline ¹	Results 2009/10	Targets 2010/11	Results 2010/11	Targets 2011/12	Results 2011/12	Targets 2012/13
Quality	Reduce unplanned readmissions for same condition (all hospitals)	% Unplanned Readmissions within 7 Days to Same Acute Care Facility	1.6%	3.3%	2.8%	2.8%	3.0%	2.8%	3.0%	2.8%
	Ensure appropriate patient safety standards are met	% Unplanned Readmissions within 8 to 28 Days to Same Acute Care Facility	2.0%	4.0%	3.8%	3.9%	3.9%	3.9%	3.9%	3.9%
Equity	Reduce hospital admissions for ACS	Hospital Standardized Mortality Ratio (HSMR)	100	123 ²	102 ²	≤ 100	100 ²	≤ 100	99 ²	≤ 100
	Maintain or enhance satisfaction with service	Ambulatory Care Sensitive Conditions (ACSC), Rate per 100,000	Canadian Average	480/320 = 150%	497/302 = 165%	115%	515/299 = 172%	105%	515/299 = 172%	150%
		Client, Patient, Family Satisfaction with Services (Acute Care)	90%	96%	96%	≥ 90%	96%	≥ 90%	96%	≥ 90%
		Radiation Therapy	90% within 4 wks	386/387 (100%)	386/401 (96%)	90% within 4 wks	414/422 (98%)	90% within 4 wks	445/457 = 97%	90% within 4 wks
		CT Scan Provincial Rollup	90% within: 2 weeks-Urgency 1; 4 weeks-Urgency 2; 12 weeks-Urgency 3	3708/6604 (56%)	6519/7139 (91%)	90% within: 2 weeks-Urgency 1; 4 weeks-Urgency 2; 12 weeks-Urgency 3	6053/6522 (93%)	90% within: 2 weeks-Urgency 1; 4 weeks-Urgency 2; 12 weeks-Urgency 3	5976/6341 (94%)	90% within: 2 weeks-Urgency 1; 4 weeks-Urgency 2; 12 weeks-Urgency 3
		MRI Provincial Rollup	90% within: 2 weeks-Urgency 1; 4 weeks-Urgency 2; 12 weeks-Urgency 3	265/2949 (43%)	1464/3311 (44%)	90% within: 2 weeks-Urgency 1; 4 weeks-Urgency 2; 12 weeks-Urgency 3	2527/3845 (67%)	90% within: 2 weeks-Urgency 1; 4 weeks-Urgency 2; 12 weeks-Urgency 3	3274/3976 (82%)	90% within: 2 weeks-Urgency 1; 4 weeks-Urgency 2; 12 weeks-Urgency 3
		Hip Replacement	90% within 26 wks	117/30 (90%)	104/126 (83%)	90% within 26 wks	80/94 (85%)	90% within 26 wks	80/137 (58%)	90% within 26 wks
		Knee Replacement	90% within 26 wks	158/196 (81%)	159/228 (70%)	90% within 26 wks	132/222 (60%)	90% within 26 wks	116/252 (46%)	90% within 26 wks
		Cataract Surgery	90% within 16 wks	624/1054 (59%)	1022/1249 (82%)	90% within 16 wks	991/1304 (76%)	90% within 16 wks	875/1371 (64%)	90% within 16 wks
		Primary Health Care	90% within: 2 weeks-Urgency 1; 4 weeks-Urgency 2; 12 weeks-Urgency 3	519/81*	520/32 ²	90% within: 2 weeks-Urgency 1; 4 weeks-Urgency 2; 12 weeks-Urgency 3	5218/98 ²	90% within: 2 weeks-Urgency 1; 4 weeks-Urgency 2; 12 weeks-Urgency 3	5256/28*	90% within: 2 weeks-Urgency 1; 4 weeks-Urgency 2; 12 weeks-Urgency 3
Efficiency		Home Care	5:16.20 ²	\$85.48*	\$94.12*	5:11.47*	\$114.34 ¹	5:13.98*	\$130.05 ¹	5:135.26*
		Long-Term Care	5:480.30 ²	\$396.15*	\$431.45 ¹	5:451.75*	\$467.34 ¹	5:491.94*	\$505.68 ¹	5:517.27*
		Hospital Services	5:1615.30 ²	\$1413.65*	\$1549.00 ¹	5:1673.20*	\$1703.00 ¹	5:1734.27*	\$1770.14 ¹	5:1812.25*
		Physicians	5:719.40 ²	\$685.98*	\$685.98*	5:676.35*	\$703.46 ¹	5:712.85*	\$733.77 ¹	5:734.56*
		Drugs	5:278.50 ²	\$230.99*	\$237.44 ¹	5:262.97*	\$253.09 ¹	5:244.80*	\$269.75 ¹	5:247.85*
		Ambulance	5:64.50 ²	\$50.38*	\$58.35 ¹	5:61.01*	\$80.24 ¹	5:80.81*	\$82.28*	5:82.55*
		Acute Average Length of Stay – Expected Length of Stay ²	ELOS	ELOS + 3.1 days	ELOS +2.9 days	ELOS + 2 days	ELOS - 3.1 days	ELOS + 1 day	ELOS + 3.0 days	ELOS + 1 day
		Ave Length of Stay (ALOS) – (Long-Term Care – Public Facilities)	≤ 2.8 years	3.3 years	2.7 years	≤ 3.0 years	2.7 years	≤ 2.9 years	2.7 years	≤ 2.6 years
		Hours per Patient Day	Not Available	5.30	5.48	5.30	5.40	5.30	5.84	5.30
		Health budget as % of total provincial budget	34.6% ²	33.6%	Not applicable ²	34.5%	Not applicable ²	35.8%	Not applicable ²	36.3%
Sustainability	Ensure operational sustainability within assigned resources	Health budget as % of total provincial budget (program expend only)	37.9% ²	37.0%	Not applicable ²	37.2%	Not applicable ²	38.5%	Not applicable ²	39.0%
		Annual Results: Surplus/Deficit	\$0.00	\$0.00	\$3.91 M deficit	\$0.00	\$6.28 M deficit	\$0.00	\$5.78 M deficit	\$0.00
		Sick Days Per FTE	≤ 11.81 days/FTE	11.81 days/FTE	11.45 days/FTE	≤ 11.81 days/FTE	12.27 days/FTE	≤ 11.81 days/FTE	11.1 days/FTE	≤ 10.80 days/FTE
		Over time Days Per FTE	6.05 days/FTE	7.39 days/FTE	7.39 days/FTE	6.64 days/FTE	7.53 days/FTE	6.20 days/FTE	7.18 days/FTE	6.20 days/FTE
		Staff Satisfaction Rate	78%	76%	75.7%	77%	Not measured	77%	77%	Not measured

Notes:

- 1 = Baseline values are 2008/09 results except for % Health Budget Share (09/10 result), % Health Program Expenditure only (09/10 result) and Staff Satisfaction Rate (2006 result).
- 2 = Values are based on budgeted information.
- 3 = Intent of this indicator is to measure Health PEI's budget in relation to the Total Provincial budget. Actuals are not included in this measure.
- 4 = ACSC results not available at time of publication.
- 5 = Acute Length of Stay is decreasing when ALC days are removed from the total Length of Stay.
- 6 = CHI changed HSMR methodology so Health PEI HSMR results do not match previous versions of this document.
- 7 = Annual actuals (note: actual for 2011/12 effective as of June 29, 2012).
- 8 = Financial benchmarks reflect budget information for 08/09.
- 9 = ACSC results not available at time of publication.

Appendix B – Audited Financial Statements



AUDITOR GENERAL

**CHARLOTTETOWN
PRINCE EDWARD ISLAND**

HEALTH PEI

FINANCIAL STATEMENTS

MARCH 31, 2012

AUDITOR GENERAL

CHARLOTTETOWN
PRINCE EDWARD ISLAND

Management's Report

Management's Responsibility for the Financial Statements

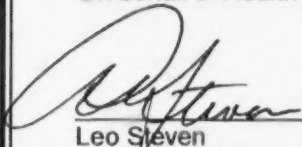
The financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles for the public sector and the integrity and objectivity of these statements are management's responsibility. Management is responsible for the notes to the financial statements and for ensuring that this information is consistent, where appropriate, with the information contained in the financial statements.

Management is responsible for implementing and maintaining a system of internal control to provide reasonable assurance that reliable financial information is produced.

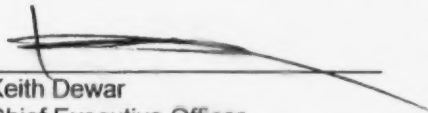
The Board of Directors is responsible for ensuring that management fulfills its responsibilities for financial reporting and internal control and exercises these responsibilities through the Board. The Board reviews internal financial reports on a regular basis and externally audited financial statements yearly.

The Auditor General conducts an independent examination, in accordance with Canadian generally accepted auditing standards and expresses his opinion on the financial statements. The Auditor General has full and free access to financial information and management of Health PEI to meet when required.

On behalf of Health PEI



Leo Steven
Chair, Health PEI Board



Keith Dewar
Chief Executive Officer

October 2, 2012

AUDITOR GENERAL

CHARLOTTETOWN
PRINCE EDWARD ISLAND

AUDITOR'S REPORT

To the Board of Directors of Health PEI

I have audited the financial statements of **Health PEI**, which comprise the statement of financial position as at March 31, 2012, and the statements of operations and accumulated deficit, changes in net debt and cash flow for the year then ended and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles for the public sector and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

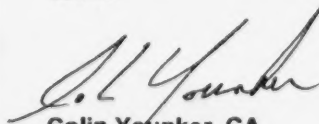
My responsibility is to express an opinion on these financial statements based on my audit. I conducted the audit in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall financial statement presentation.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements present fairly, in all material respects, the financial position of the Corporation as at March 31, 2012, and the results of its operations, changes in net debt and cash flow for the year then ended in accordance with Canadian generally accepted accounting principles for the public sector.



Colin Younker, CA
Auditor General

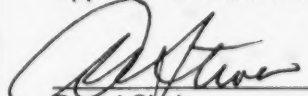
Charlottetown, Prince Edward Island
October 2, 2012

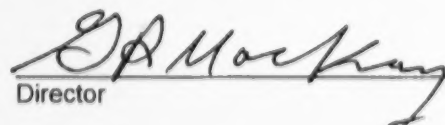
HEALTH PEI
STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2012

	<u>2012</u> \$	<u>Restated</u> <u>2011</u> \$
Financial Assets		
Cash	1,380,755	2,499,855
Short-term investments	-	323,784
Accounts receivable (Note 4)	8,582,655	9,649,819
Due from the Department of Health and Wellness	<u>31,485,071</u>	<u>8,567,880</u>
	<u>41,448,481</u>	<u>21,041,338</u>
Liabilities		
Accounts payable and accrued liabilities (Note 7)	80,324,956	64,127,107
Employee future benefits (Note 8)	31,306,947	28,496,475
Deferred revenue (Note 9)	<u>254,510</u>	<u>354,464</u>
	<u>111,886,413</u>	<u>92,978,046</u>
Net Debt	<u>70,437,932</u>	<u>71,936,708</u>
Non-Financial Assets		
Tangible capital assets (Notes 11 and 13)	223,653,378	185,765,658
Deferred capital contributions (Notes 12 and 13)	<u>(223,653,378)</u>	<u>(185,765,658)</u>
Net investment in tangible capital assets	-	-
Inventories held for use (Note 5)	5,321,987	5,463,397
Prepaid expenses (Note 6)	<u>1,876,195</u>	<u>3,233,561</u>
	<u>7,198,182</u>	<u>8,696,958</u>
Accumulated Deficit	<u>63,239,750</u>	<u>63,239,750</u>
Designated assets (Note 18)	496,606	418,843
Trusts under administration (Note 19)	405,129	359,816

(The accompanying notes are an integral part of these financial statements.)

Approved on Behalf of the Board:


 Board Chair


 Director

HEALTH PEI
STATEMENT OF OPERATIONS AND ACCUMULATED DEFICIT
FOR THE YEAR ENDED MARCH 31, 2012

	Budget 2012 (Note 21) \$	2012 \$	Restated 2011 \$
Revenues			
Grants - Department of Health and Wellness	519,598,400	525,379,237	501,064,295
Fees - patient and client (Note 16)	17,707,700	18,314,797	18,200,253
Food services	1,273,100	1,129,305	1,195,098
Federal revenues	890,800	776,025	903,754
Sales	1,251,700	909,821	756,471
Other	<u>1,144,100</u>	<u>2,114,374</u>	<u>1,308,821</u>
	<u>541,865,800</u>	<u>548,623,559</u>	<u>523,428,692</u>
Expenses (Note 22)			
Community Hospitals	21,864,300	22,625,811	22,154,607
Acute Care	137,884,900	142,588,896	134,649,669
Addiction Services	10,807,200	9,859,540	9,302,632
Acute Mental Health	15,330,600	16,602,747	15,630,436
Community Mental Health	8,581,200	8,078,762	7,246,600
Continuing Care	52,182,000	54,033,630	51,050,895
Private Nursing Home Subsidies	17,174,600	17,260,327	14,837,567
Public and Dental Health	9,496,100	8,744,638	9,300,660
Provincial Pharmacare Programs	34,513,400	38,030,502	35,772,944
Home Care and Support	18,607,300	18,334,583	16,119,814
Provincial Laboratory and Diagnostic Imaging	26,678,900	28,060,327	27,329,175
Provincial Hospital Pharmacies	5,212,400	4,856,858	4,439,904
Emergency Health Services	14,720,100	12,205,627	14,045,502
Corporate and Support Services	24,127,100	22,924,846	21,620,814
Medical Programs	134,709,700	135,700,425	132,338,690
Primary Care	<u>9,976,000</u>	<u>8,716,040</u>	<u>7,588,782</u>
	<u>541,865,800</u>	<u>548,623,559</u>	<u>523,428,692</u>
Amortization of tangible capital assets	-	14,412,366	11,968,323
Amortization of deferred capital contributions	-	<u>(14,412,366)</u>	<u>(11,968,323)</u>
	<u>541,865,800</u>	<u>548,623,559</u>	<u>523,428,692</u>
Annual Deficit (Note 17)	<u>-</u>	<u>-</u>	<u>-</u>
Accumulated Deficit, beginning of year		<u>63,239,750</u>	<u>63,239,750</u>
Accumulated Deficit, end of year		<u>63,239,750</u>	<u>63,239,750</u>

(The accompanying notes are an integral part of these financial statements.)

HEALTH PEI
STATEMENT OF CHANGES IN NET DEBT
FOR THE YEAR ENDED MARCH 31, 2012

	<u>Budget</u> <u>2012</u> \$	<u>2012</u> \$	<u>2011</u> \$
Net Debt, beginning of year	<u>71,936,708</u>	<u>71,936,708</u>	<u>71,651,681</u>
Changes in year:			
Annual deficit	-	-	-
Acquisition of tangible capital assets	65,930,000	52,300,086	35,830,587
Amortization of tangible capital assets	-	14,412,366	(11,968,323)
Amortization of deferred capital contributions	-	(14,412,366)	11,968,323
Capital revenue	(65,930,000)	(52,300,086)	(35,830,587)
Inventories	-	(141,410)	(1,003,942)
Prepaid expenses	-	(1,357,366)	1,288,969
Change in Net Debt	<u>-</u>	<u>(1,498,776)</u>	<u>285,027</u>
Net Debt, end of year	<u>71,936,708</u>	<u>70,437,932</u>	<u>71,936,708</u>

(The accompanying notes are an integral part of these financial statements.)

HEALTH PEI
STATEMENT OF CASH FLOW
FOR THE YEAR ENDED MARCH 31, 2012

	<u>2012</u> \$	<u>2011</u> \$
Cash provided (used) by:		
Operating Activities		
Annual deficit	-	-
Amortization of tangible capital assets	14,412,366	11,968,323
Amortization of deferred capital contributions	(14,412,366)	(11,968,323)
Changes in:		
Accounts receivable	1,067,164	(243,566)
Due from the Department of Health and Wellness	(22,917,191)	(8,569,003)
Accounts payable and accrued liabilities	16,197,849	(3,170,362)
Employee future benefits	2,810,472	2,059,268
Deferred revenue	(99,954)	(56,109)
Prepaid expenses	1,357,366	(1,288,969)
Inventories	141,410	1,003,942
Cash used by operating activities	<u>(1,442,884)</u>	<u>(10,264,799)</u>
Capital Activities		
Acquisition of tangible capital assets	(52,300,086)	(35,830,537)
Capital contributions:		
Province of Prince Edward Island	48,260,971	30,750,028
Hospital Foundations	4,039,115	5,080,509
Cash provided by capital activities	<u>-</u>	<u>-</u>
Investing Activities		
Disposal of short-term investments	323,784	-
Cash provided by investing activities	<u>323,784</u>	<u>-</u>
Change in cash	(1,119,100)	(10,264,799)
Cash, beginning of year	2,499,855	12,764,654
Cash, end of year	<u>1,380,755</u>	<u>2,499,855</u>

(The accompanying notes are an integral part of these financial statements.)

HEALTH PEI
NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2012

1. Nature of Operations

Health PEI is a provincial Crown corporation established on April 1, 2010, and operates under the authority of the *Health Services Act*. Health PEI is a government organization named in Schedule B of the *Financial Administration Act* and reports to the Legislative Assembly through the Minister of the Department of Health and Wellness. The mandate of Health PEI is to be responsible for the operation and delivery of all health services in the Province of Prince Edward Island. These services are categorized as follows:

Community Hospitals	Home Care and Support
Acute Care Hospitals	Public and Dental Health
Addiction Services	Provincial Laboratory and Diagnostic Imaging
Acute Mental Health	Provincial Hospital Pharmacies
Community Mental Health	Emergency Health Services
Continuing Care	Corporate and Support Services
Private Nursing Home Subsidies	Medical Programs
Provincial Pharmacare Programs	Primary Care

Health PEI is a provincial Crown corporation and as such is not subject to taxation under the federal *Income Tax Act*.

2. Commencement of Operations

Commencing with the 2010-2011 fiscal year, responsibility for the delivery of various health programs and services was transferred from the Department of Health and Wellness to Health PEI. All assets, liabilities, rights, obligations, commitments and contingencies related to the affected programs and services were transferred to Health PEI at the commencement of its operations.

3. Summary of Significant Accounting Policies

Basis of Accounting

These financial statements are prepared by management in accordance with Canadian generally accepted accounting principles for the public sector. Health PEI complies with the recommendations of the Public Sector Accounting Board (PSAB) of the Canadian Institute of Chartered Accountants (CICA) wherever applicable. PSAB standards are supplemented, where appropriate, by other CICA accounting pronouncements.

a) Cash

Cash includes cash on hand and balances with banks, net of bank overdrafts.

**HEALTH PEI
NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2012**

3. Summary of Significant Accounting Policies (continued...)

b) Short-term Investments

Short-term investments are recorded at the lower of cost or net realizable value.

c) Accounts Receivable

Accounts receivable are recorded at cost less any provision when collection is in doubt.

d) Inventories

Inventories of supplies as described in Note 5 are recorded at the lower of the moving average and replacement cost. Damaged, obsolete or otherwise unusable inventory is expensed as identified. Inventories of supplies that are resold to the public are not segregated due to their immaterial value.

e) Due from the Department of Health and Wellness

Amounts due to or from the Department of Health and Wellness arise from the difference between cash flows provided to Health PEI and the approved operating grant from the Department and any special warrant. These balances have no repayment terms and are non-interest bearing.

f) Deferred Revenue

Certain amounts are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the delivery of specific services and transactions. These amounts are recognized as revenue when stipulations are met.

g) Tangible Capital Assets

Tangible capital assets are recorded at cost, which includes amounts that are directly related to the acquisition, design, construction, development, improvement and/or betterment of the assets. Cost includes overhead directly attributable to construction and development. Interest, if any, on capital projects is expensed as incurred.

The cost of tangible capital assets, excluding land, is amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	40 years
Building improvements	10 years
Paving	10 years
Equipment	5 years
Computer hardware	5 years
Computer software systems	10-15 years
Motor vehicles	5 years

HEALTH PEI
NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2012

3. Summary of Significant Accounting Policies (continued...)

g) Tangible Capital Assets (continued...)

The cost of assets under construction is not amortized until construction is complete and the asset is available for use. In the year of acquisition, one half of the annual amortization is recorded.

Tangible capital assets are written down when conditions indicate they no longer contribute to Health PEI's ability to provide goods and services or when the value of the future economic benefits associated with the tangible capital assets are less than their net book value. Write downs are expensed when identified.

Capital contributions related to the acquisition of tangible capital assets are deferred and amortized at the same rate as the related asset.

h) Prepaid Expenses

Prepaid expenses as detailed in Note 6 are charged to expense over the periods expected to benefit.

i) Revenues

Revenues are recorded on an accrual basis in the period in which the transaction or event which gave rise to the revenue occurred. When accruals cannot be determined with a reasonable degree of certainty or when their estimation is impracticable, revenues are recorded as received.

Transfers (revenues from non-exchange transactions) are recognized as revenue when the transfer is authorized, any eligibility criteria are met and a reasonable estimate of the amount can be made. Transfers are recognized as deferred revenue when amounts have been received but eligibility criteria have not been met.

Grants from the Department of Health and Wellness are recognized as revenue on a monthly basis as services are delivered by Health PEI in accordance with its legislated mandate.

j) Expenses

Expenses are recorded on an accrual basis in the period in which the transaction or event which gave rise to the expense occurred.

Transfers include entitlements, grants and transfers under shared cost agreements. Grants and transfers are recorded as expenses when the transfer is authorized, eligibility criteria have been met by the recipient and a reasonable estimate of the amount can be made. Transfers are recognized as prepaid expenses when eligibility criteria have not been met.

HEALTH PEI
NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2012

3. Summary of Significant Accounting Policies (continued...)

k) Foreign Currency Translation

Monetary assets and liabilities denominated in foreign currencies are translated into Canadian dollars at the exchange rate prevailing at year-end. Foreign currency transactions are translated at the exchange rate prevailing at the date of the transaction. Health PEI has limited exposure to foreign currency, as substantially all of its transactions are conducted in Canadian dollars.

l) Use of Estimates and Measurement Uncertainty

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of the revenues and expenses during the period. Items requiring the use of significant estimates include the useful life of capital assets, employee retirement and sick leave benefits, provisions for doubtful accounts, accrued liabilities for out-of-province health services and negotiated settlements with unions and other employees.

Estimates are based on the best information available at the time of preparation of the financial statements and are reviewed annually to reflect new information as it becomes available. Measurement uncertainty exists in these financial statements. Actual results could differ from these estimates and the differences could be material.

4. Accounts Receivable

	<u>2012</u> \$	<u>2011</u> \$
Fees and revenues receivable	3,146,132	4,229,761
Less: provision for doubtful accounts	<u>(814,588)</u>	<u>(484,934)</u>
	2,331,544	3,744,827
Hospital foundations	3,204,605	3,345,881
Province of Prince Edward Island	638,054	1,462,197
Employee advances	943,611	1,044,887
Other	<u>1,464,841</u>	<u>52,027</u>
	<u>8,582,655</u>	<u>9,649,819</u>

The aging of fees and revenues receivable is as follows:

	<u>2012</u> \$	<u>2011</u> \$
Current	1,876,824	3,002,671
61-90 days	111,803	299,571
91-180 days	187,135	312,206
Greater than 180 days	<u>970,370</u>	<u>615,313</u>
	<u>3,146,132</u>	<u>4,229,761</u>

HEALTH PEI
NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2012

5. Inventories

	<u>2012</u>	<u>2011</u>
	\$	\$
Medical, food and other supplies	3,749,685	4,028,184
Drugs	<u>1,572,302</u>	<u>1,435,213</u>
	<u>5,321,987</u>	<u>5,463,397</u>

6. Prepaid Expenses

	<u>2012</u>	<u>2011</u>
	\$	\$
Workers compensation premiums	-	1,489,250
Private nursing home advances	677,776	573,825
Out-of-province medicare advance	535,000	535,000
Maintenance contracts	518,950	501,163
Other	<u>144,469</u>	<u>134,323</u>
	<u>1,876,195</u>	<u>3,233,561</u>

7. Accounts Payable and Accrued Liabilities

	<u>2012</u>	<u>2011</u>
	\$	\$
Accounts payable	25,247,063	18,969,720
Accrued liabilities	22,719,472	15,454,828
Salaries and benefits payable	15,523,436	14,025,274
Accrued vacation pay	<u>16,834,985</u>	<u>15,677,285</u>
	<u>80,324,956</u>	<u>64,127,107</u>

8. Employee Future Benefits

a) Retirement Allowance

Health PEI provides a retirement allowance to its permanent employees in accordance with the applicable collective agreements. The amount paid to eligible employees at retirement is one week's pay per year of eligible service based on the rate of pay in effect at the retirement date, to the maximum specified in the applicable collective agreement. These benefits are unfunded. The benefit costs and liabilities related to these allowances are included in these financial statements.

HEALTH PEI
NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2012

8. Employee Future Benefits (continued...)

a) Retirement Allowance (continued...)

	<u>2012</u> \$	<u>2011</u> \$
Balance, beginning of year	28,496,475	26,437,207
Current service cost	2,123,600	2,216,676
Interest accrued on liability	1,718,801	1,366,174
Amortization of actuarial gains/losses	810,818	308,905
Less: payments made	<u>(1,842,747)</u>	<u>(1,832,487)</u>
Balance, end of year	<u>31,306,947</u>	<u>28,496,475</u>

The retirement allowance balance is based on an independent actuarial valuation dated April 1, 2011. The total liability is projected by the employer in the years between the tri-annual actuarial valuations.

The economic assumptions used in the determination of the actuarial value of accrued retirement allowances were developed by reference to the expected long-term borrowing rate of the Province of Prince Edward Island. Significant assumptions used in the valuation and projections are:

	<u>2012</u>	<u>2011</u>
Discount rate	4.47% per annum	4.47% per annum
Expected salary increase	2.50% per annum	2.50% per annum
Expected average remaining service life	15 Years	16 Years

b) Pension and Other Benefits

- i) All permanent employees of Health PEI, other than physicians, participate in the multi-employer contributory defined benefit pension plan as defined by the *Civil Service Superannuation Act*. This plan provides a pension on retirement based on two percent of the average salary for the highest three years times the number of years of pensionable service. The Plan is administered by the Province of Prince Edward Island and responsibility for any unfunded liability is that of the Province. Additional information on the pension plan as defined in the *Civil Service Superannuation Act* can be found in the notes to the Public Accounts of the Province of Prince Edward Island and the Plan's financial statements.

HEALTH PEI
NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2012

8. Employee Future Benefits (continued...)

b) Pension and Other Benefits (continued...)

- ii) Salaried physicians maintain their own personal RRSP accounts to which Health PEI makes contributions in accordance with the Master Agreement between the Medical Society of Prince Edward Island and the Province of Prince Edward Island. Before 2012, Health PEI's contributions were equivalent to the pension contributions the employer would have otherwise made had the physician been eligible to participate in the pension plan as defined by the *Civil Service Superannuation Act*. Beginning in 2012, Health PEI's contributions are equivalent to 9 per cent of the physician's base salary, and shall not exceed 50 per cent of the maximum permissible contribution provided for in the *Income Tax Act*. Health PEI's liability is limited to its required contributions in accordance with the agreement.
- iii) The Public Sector Group Insurance Plan provides life insurance, long-term disability and health and dental benefits to eligible employees of Health PEI. The Plan is administered by a multi-employer, multi-union Board of Trustees who are responsible for any unfunded liabilities of the plan. The costs of insured benefits reflected in these financial statements are the employer's portion of the insurance premiums owed for employee coverage during the period.
- iv) Union agreements provide for the accumulation of sick leave benefits by employees. However, there is no obligation for Health PEI to settle these amounts with cash payments upon termination or retirement of the employee. Health PEI considers the expected future utilization of these benefits to be not significant and no accrual has been recorded in these financial statements for sick leave benefits. Health PEI has engaged an actuary to determine the liability, if any, for sick leave benefits.

Health PEI contributions to these plans are expensed as incurred.

9. Deferred Revenue

Deferred revenues set aside for specific purposes as required either by legislation, regulation and/or agreement as at March 31, 2012:

	<u>Balance, beginning of year</u>	<u>Receipts during year</u>	<u>Transferred to revenue</u>	<u>Balance, end of year</u>
	\$	\$	\$	\$
Health promotion projects	331,002	104,530	209,696	225,836
Staff education	<u>23,462</u>	<u>6,212</u>	<u>1,000</u>	<u>28,674</u>
	<u>354,464</u>	<u>110,742</u>	<u>210,696</u>	<u>254,510</u>

HEALTH PEI
NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2012

10. Contingent Liabilities

Health PEI is subject to legal actions arising in the normal course of business. At March 31, 2012, there were a number of outstanding legal claims against Health PEI. Costs, if any, related to these outstanding claims are the responsibility of the Prince Edward Island Self Insurance and Risk Management Fund. The Fund provides general liability, errors and omissions, primary property, crime and automobile liability insurance. The Fund is administered by the Province of Prince Edward Island and the Province is responsible for any liabilities of the Fund.

11. Tangible Capital Assets

	<u>Land</u>	<u>Buildings</u>	<u>Equipment and Vehicles</u>	<u>Computer hardware and Software</u>	<u>Land Improvements</u>	<u>Buildings major Improvements</u>	<u>2012 Total</u>
	\$	\$	\$	\$	\$	\$	\$
Cost							
Opening balance	1,877,240	187,440,193	95,947,456	45,300,809	1,003,140	3,276,024	334,844,862
Prior period adjustment (Note 13)	-	(2,473,993)	2,473,993	-	-	-	-
Opening balance restated	1,877,240	184,966,200	98,421,449	45,300,809	1,003,140	3,276,024	334,844,862
Additions	-	42,939,895	5,263,661	3,422,529	-	674,001	52,300,086
Closing balance	<u>1,877,240</u>	<u>227,906,095</u>	<u>103,685,110</u>	<u>48,723,338</u>	<u>1,003,140</u>	<u>3,950,025</u>	<u>387,144,948</u>
Accumulated Amortization							
Opening balance	-	55,288,234	79,866,093	16,456,374	544,097	752,492	152,907,290
Prior period adjustment (Note 13)	-	361,684	686,097	(4,875,867)	-	-	(3,828,086)
Opening balance restated	-	55,649,918	80,552,190	11,580,507	544,097	752,492	149,079,204
Amortization	-	3,269,448	6,444,104	4,261,155	68,750	368,909	14,412,366
Closing balance	-	<u>58,919,366</u>	<u>86,996,294</u>	<u>15,841,662</u>	<u>612,847</u>	<u>1,121,401</u>	<u>163,491,570</u>
Net book value	<u>1,877,240</u>	<u>168,986,729</u>	<u>16,688,816</u>	<u>32,881,676</u>	<u>390,293</u>	<u>2,828,624</u>	<u>223,653,378</u>

**HEALTH PEI
NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2012**

11. Tangible Capital Assets (continued...)

Cost at March 31, 2012 includes assets under construction as follows:

	<u>2012</u> \$
Queen Elizabeth Hospital redevelopment	25,163,236
Summerset Manor replacement	8,950,958
Prince Edward Home replacement	5,587,649
Prince County Hospital dialysis addition	2,110,943
Community Hospital long-term care expansion	1,587,032
Buildings - major improvements	162,522
Other	<u>502,930</u>
	<u>44,065,269</u>

12. Deferred Capital Contributions

	<u>Province of PEI</u> \$	<u>*Third Parties</u> \$	<u>2012 Total</u> \$
Deferred revenue			
Opening balance	308,763,988	26,080,874	334,844,862
Additions	<u>48,260,971</u>	<u>4,039,115</u>	<u>52,300,086</u>
Closing balance	<u>357,024,959</u>	<u>30,119,989</u>	<u>387,144,948</u>
Accumulated Amortization			
Opening balance	146,222,661	6,684,629	152,907,290
Prior period adjustment (Note 13)	<u>(226,484)</u>	<u>(3,601,602)</u>	<u>(3,828,086)</u>
Restated opening balance	145,996,177	3,083,027	149,079,204
Amortization	<u>9,799,209</u>	<u>4,613,157</u>	<u>14,412,366</u>
Closing balance	<u>155,795,386</u>	<u>7,696,184</u>	<u>163,491,570</u>
Net	<u>201,229,573</u>	<u>22,423,805</u>	<u>223,653,378</u>

*On April 1, 2010, net deferred capital contributions of \$21,000,365 were transferred from the Department of Health and Wellness to Health PEI as part of the initial transfer of assets, liabilities, rights and obligations.

HEALTH PEI
NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2012

13. Prior Period Adjustments

A review of the calculation of amortization expense recorded for computer software systems resulted in the determination that the amortization of tangible capital assets and the amortization of deferred capital contributions had been overstated by \$4,114,064 for the year ended March 31, 2011, and overstated by \$761,803 in prior years.

Equipment purchased for the years ended March 31, 2009, 2010 and 2011 totalling \$2,473,993 had been incorrectly classified as building costs. Amortization of tangible capital assets and deferred capital contributions were understated by the following amounts:

	<u>Amount</u>
	<u>\$</u>
Year ended March 31, 2009	36,666
Year ended March 31, 2010	219,349
Year ended March 31, 2011	430,082

A review of the Queen Elizabeth Hospital redevelopment project determined that amortization expense and amortization of deferred capital contributions had been understated by \$361,684 for the year ended March 31, 2011.

The comparative financial statements for 2011 have been restated to reflect the proper amounts of amortization. There was no net effect on the deficit, net debt or accumulated deficit for the year ended March 31, 2011.

14. Contractual Obligations

Health PEI has entered into a number of multiple-year contracts for the delivery of goods and services. These contractual obligations will become liabilities in the future when the terms of the contracts are met. Disclosure relates to the unperformed portion of the contracts.

	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>
Private nursing home subsidies	16,134,585	-	-	-	-
Ambulance services	3,924,000	3,924,000	3,924,000	3,924,000	3,924,000
IT maintenance	1,881,540	2,017,940	2,072,500	2,127,060	2,181,620
Maintenance contracts	1,022,080	890,771	863,583	86,020	-
Education funds	947,400	947,400	647,400	647,400	647,400
PEI Medical Society	1,378,585	1,378,585	1,378,585	-	-
Facility rental	80,950	68,450	68,450	-	-
	<u>25,369,140</u>	<u>9,227,196</u>	<u>8,954,518</u>	<u>6,784,980</u>	<u>6,753,020</u>

Health PEI has outstanding contractual commitments for capital assets relating to projects which commenced on or before March 31, 2012, and are still incomplete. It is expected that Health PEI will have to pay \$34,398,840 to complete the projects.

HEALTH PEI
NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2012

15. Related Party Transactions

Health PEI had the following transactions with the Province of Prince Edward Island and other government controlled organizations:

	<u>2012</u> \$	<u>2011</u> \$
Transfers from the Province of Prince Edward Island:		
Operating grant	525,379,237	501,064,295
Salary recoveries	526,055	556,416
Other sales and expenses	<u>564,843</u>	<u>749,439</u>
	<u>526,470,135</u>	<u>502,370,150</u>
Capital contributions from the Province of Prince Edward Island	<u>48,260,971</u>	<u>30,750,028</u>
Transfers to the Province of Prince Edward Island:		
Salary reimbursements	3,053,791	2,882,793
Self-insurance premiums	757,675	675,869
Public Service Commission	566,300	566,300
Other expenses	<u>898,926</u>	<u>556,301</u>
	<u>5,276,692</u>	<u>4,681,263</u>

16. Fees - Patient and Client

	<u>2012</u> \$	<u>2011</u> \$
Continuing Care resident fees	10,468,718	10,388,913
Hospital medical services:		
Non-residents	3,195,673	4,021,522
Uninsured hospital services - workers compensation	2,232,337	1,864,000
Other uninsured hospital services	1,825,982	1,294,819
Hospital preferred room accommodations	546,252	589,174
Other	<u>45,835</u>	<u>41,825</u>
	<u>18,314,797</u>	<u>18,200,253</u>

17. Annual Deficit

Throughout the fiscal year, Health PEI regularly communicates with the Departments of Health and Wellness and Finance, Energy and Municipal Affairs on the expected operational results for the year and action plans developed to address potential deficits.

HEALTH PEI
NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2012

17. Annual Deficit (continued...)

As of March 31, 2012, Health PEI's actual operational results reflected a deficit of \$5,780,837, which includes \$2.1 million of additional out-of-province costs which were identified on June 21, 2012 as a result of new information received on that date. Health PEI may only accumulate a deficit if authorized by the Lieutenant Governor in Council. Subsequent to year-end, a special warrant for \$5,781,000 was approved by the Executive Council of the Province of Prince Edward Island to fund the operating deficit of Health PEI.

18. Designated Assets

At March 31, 2012, the balance of funds held as designated assets was \$496,606 (2011-\$418,843). Designated assets consist of funds received as donations by a health facility or program that are restricted for the purchase of equipment, supplies and/or other needs of the specific facility or program.

19. Trusts Under Administration

At March 31, 2012, the balance of funds held in trust for residents of facilities in Continuing Care was \$405,129 (2011 - \$359,816). These trusts consist of a monthly comfort allowance provided to Continuing Care residents who qualify for subsidization of resident fees. These amounts are not included in the Statement of Financial Position.

20. Prior Period Comparative Figures

Prior period comparatives figures have been restated to conform to the presentation format adopted in the current period. The 2010-11 comparative figures have been restated to reflect that effective April 1, 2011, each service reports its share of the retirement allowance expense.

21. Budgeted Figures

Budgeted figures have been provided for comparative purposes and have been derived from the estimates approved by the Legislative Assembly of the Province of Prince Edward Island.

Subsequent to the tabling of the 2011 P.E.I. Estimates of Revenue and Expenditures, Health PEI reallocated responsibilities for certain budget amounts among its divisions. The following table shows the reallocation of the original approved budget.

HEALTH PEI
NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2012

21. Budgeted Figures (continued...)

	<u>Original Approved Budget</u>	<u>Retirement Allowance Reallocation</u>	<u>Transfers Between Divisions</u>	<u>Budget - Statement of Operations</u>
	\$	\$	\$	\$
Community Hospitals	21,948,200	235,500	(319,400)	21,864,300
Acute Care	136,551,100	1,466,400	(132,600)	137,884,900
Addiction Services	10,685,600	120,200	1,400	10,807,200
Acute Mental Health	15,138,200	184,900	7,500	15,330,600
Community Mental Health	8,561,600	111,100	(91,500)	8,581,200
Continuing Care	51,551,300	629,000	1,700	52,182,000
Private Nursing Homes	17,174,600	-	-	17,174,600
Public and Dental Health	9,153,000	129,900	213,200	9,496,100
Provincial Pharmacare Programs	34,687,700	16,800	(191,100)	34,513,400
Home Care and Support	18,684,100	219,500	(296,300)	18,607,300
Provincial Laboratory and Diagnostic Imaging	26,418,700	273,800	(13,600)	26,678,900
Provincial Hospital Pharmacies	4,951,300	67,800	193,300	5,212,400
Emergency Health Services	14,472,600	4,600	242,900	14,720,100
Corporate and Support Services	28,193,200	(4,047,500)	(18,600)	24,127,100
Medical Programs	134,031,600	460,400	217,700	134,709,700
Primary Care	<u>9,663,000</u>	<u>127,600</u>	<u>185,400</u>	<u>9,976,000</u>
	<u>541,865,800</u>	<u>-</u>	<u>-</u>	<u>541,865,800</u>

HEALTH PEI
NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2012

22. Expenses by Type

The following is a summary of expenses by type:

	<u>Compensation</u>	<u>Supplies</u>	<u>Sundry</u>	<u>Equipment</u>	<u>Contracted Out Services</u>	<u>Buildings and Grounds</u>	<u>2012 Total</u>
	\$	\$	\$	\$	\$	\$	\$
Community Hospitals	17,994,061	3,334,150	440,378	278,474	264,672	314,076	22,625,811
Acute Care	102,399,778	30,659,383	2,122,023	3,925,050	1,868,628	1,614,034	142,588,896
Addiction Services	8,549,010	568,864	419,032	66,484	198,705	57,445	9,859,540
Acute Mental Health	14,501,693	1,518,654	117,332	119,783	158,239	187,046	16,602,747
Community Mental Health	6,406,347	41,261	1,588,939	6,697	35,518	-	8,076,762
Continuing Care	47,099,338	4,914,594	477,703	314,899	342,097	884,999	54,033,630
Private Nursing Home Subsidies	-	-	17,260,327	-	-	-	17,260,327
Public and Dental Health	7,370,671	216,310	337,757	24,658	771,916	23,326	8,744,638
Provincial Pharmacare Programs	1,097,091	539,092	36,392,154	2,165	-	-	38,030,502
Home Care and Support	14,649,213	2,175,230	1,115,439	52,617	332,066	10,018	18,334,583
Provincial Laboratory and Diagnostic Imaging	17,615,566	9,246,029	329,628	114,725	754,379	-	28,060,327
Provincial Hospital Pharmacies	4,291,864	498,192	44,538	9,149	-	13,115	4,856,858
Emergency Health Services	252,357	4,997	10,276,454	672	1,671,147	-	12,205,627
Corporate and Support Services	15,505,663	1,874,549	3,926,647	998,949	608,433	10,605	22,924,846
Medical Programs	88,764,985	61,445	2,851,358	4,924	44,017,673	40	135,700,425
Primary Care	<u>7,590,853</u>	<u>369,735</u>	<u>483,827</u>	<u>64,708</u>	<u>154,059</u>	<u>52,858</u>	<u>8,716,040</u>
	<u>354,088,490</u>	<u>56,022,485</u>	<u>78,183,536</u>	<u>5,983,954</u>	<u>51,177,532</u>	<u>3,167,562</u>	<u>548,623,559</u>

Total contributions to the defined benefit and defined contribution pension plans by Health PEI for the year were \$14,741,909 (2011 - \$13,864,259).

Health PEI

Prepared by: Strategy & Performance

Published by:

Health PEI
PO Box 2000
Charlottetown, PEI
Canada, C1A 7N8

November 2012

Printing:

Document Publishing Centre

Available online at:

www.healthpei.ca/annualreport2011-12

Printed in Prince Edward Island